

Covered Entities Guide for Public Users

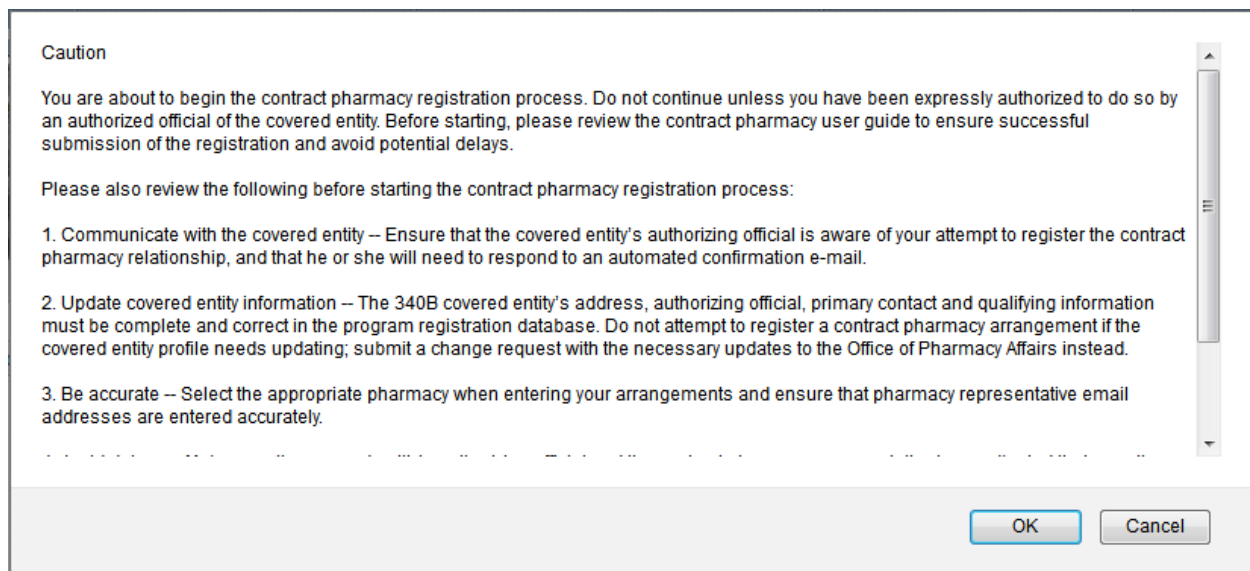
Registering a Contract Pharmacy

This page describes how to register a contract pharmacy. Starting on the home page, follow these steps:

- 1) Click the **Contract Pharmacies** drop-drop list and select **Register a Contract Pharmacy** or click **Register a Contract Pharmacy** under the **Contract Pharmacies** heading.



- 2) A window opens warning you that you must be authorized to register a pharmacy and specifying registration requirements.



Registration requirements are:

- The covered entity's authorizing official must be notified of the pharmacy registration and informed to expect an automated confirmation e-mail.
- Covered entity information -- address, authorizing official, primary contact and qualifying information -- must be accurate and complete before registering the pharmacy. If it is not, manually submit a change request form [[Submitting a Manual Change Request Form](#)] to update it.
- Pharmacy information must be accurate, including pharmacy representative information and email addresses.
- The covered entity's authorizing official and the contract pharmacy representative must adjust their email spam blockers/filters to accept messages from 340Bcontractpharmacy@hrsa.gov. This will help avoid delays. OPA will not be responsible for lost/deleted emails.

Inaccurate or inappropriate registrations could ultimately lead to removal of the covered entity from the 340B program and mandatory repayment to drug manufacturers of any discounts received.

- 3) Click . The **Instructions** and **Pre-Qualification Questions** page displays.

arrangement. The authorizing official must perform this task within 15 calendar days from the time the online registration was completed, or the arrangement will be deleted and the registration process must be restarted. The contract pharmacy registration process is not complete until the arrangement has been certified by the authorizing official; email notifications will be sent to the authorizing official and the contract pharmacy representative at that time.

Pre-Qualification Questions

IMPORTANT: You must respond to the following questions before registering a contract pharmacy for the 340B program.

1. Are you authorized by the covered entity to submit this request? ☐ Yes ☐ No
2. Is the covered entity already approved for the 340B Program? ☐ Yes ☐ No
3. Do you know the 340B ID number? ☐ Yes ☐ No
4. Has the written contract between the covered entity and the pharmacy been fully executed by both parties? (Do NOT register a contract pharmacy arrangement if the contract terms are still under negotiation.) ☐ Yes ☐ No

You must be able to answer ‘**Yes**’ to these four questions. If you answer ‘**No**’ to one or more questions you will not be able to continue the registration. Click to return to the home page.

- 4) Click . The **Search Criteria** page displays.

Search Criteria

340B ID: BL040600

- 3) Enter the 340B ID for the pharmacy being registered.
- 4) Click . The **Covered Entity Authorizing Official Verification** page displays.

Covered Entity Authorizing Official Verification

	340B ID	Entity Type	Entity Name	Sub Name	Address	City	State	Start Date	Term Date	Edit Date
<input checked="" type="radio"/>	BL040600	BL	MOUNTAIN COMPREHENSIVE HEALTH CORP.	WHITESBURG MEDICAL CLINIC	226 MEDICAL PLAZA LANE	WHITESBURG	KY	10/1/2004		4/15/2014

Is the authorizing official information correct for the selected covered entity? ☒ Yes ☐ No

The Authorizing Official for the covered entity will receive a separate email with instructions on how to certify the contract pharmacy arrangement(s) you are about to register.

CE Authorizing Official

Name: L.M. (MIKE) CAUDILL
Title: CEO
Phone: 606-633-4823 **Ext:** 1389

- 5) Select the radio button next to the entity associated with the pharmacy.
- 6) If the authorizing official information is correct, click the **Yes** radio button. If it is incorrect, you will not be able to complete registration. You must submit manually a change request to correct it [[Submitting a Manual Change Request Form](#)].
- 7) Click . The **Search Criteria** page displays for you to search for a pharmacy by its DEA Number or location.

	340B ID	Entity Type	Entity Name	Sub Name	Address	City	State	Start Date	Term Date	Edit Date
<input checked="" type="radio"/>	BL040600	BL	MOUNTAIN COMPREHENSIVE HEALTH CORP.	WHITESBURG MEDICAL CLINIC	226 MEDICAL PLAZA LANE	WHITESBURG	KY	10/1/2004		4/15/2014

Search Criteria

Pharmacy selection— The 340B database relies on information received from the U.S. Drug Enforcement Administration (DEA); you may search for pharmacies by DEA number, name, city, state or zip code.

DEA Number:

I do not know the Pharmacy DEA number. by name, city, state, and/or zip).

If the pharmacy will never have a DEA certificate because the pharmacy does not dispense controlled substances, contact [OPA](#) for assistance.

- 8) **DEA Number.** Enter the pharmacy's DEA Number. If you don't know it, click [search](#). The **Search Criteria** page displays address, city, state and zip fields for you to search for it by location.
- 9) Click . The **Contract Details** page provides comprehensive data about the covered entity-pharmacy contract.

Contract Details Contract Begin Date: 7/1/2014 <small>The contract begin date is set in accordance to the registration period guidelines.</small>	
Covered Entity Details 340B ID: BL040600 Entity Name: MOUNTAIN COMPREHENSIVE HEALTH CORP. Entity Sub-Division Name: WHITESBURG MEDICAL CLINIC Entity Type: BL Grant Number: H37RH00050 StartDate: 10/1/2004 Address: 226 MEDICAL PLAZA LANE WHITESBURG, KY 41858	Contract Pharmacy Details Name: FEDERAL MEDICAL CENTER Address: ATTN: PHARMACY 3301 LEESTOWN PIKE LEXINGTON, KY 40511
CE Authorizing Official (Field for Name)	Pharmacy Representative * Name: (Field) (First name, Last name - ie., John Smith)

- 10) **Pharmacy Representative:** Enter pertinent information about the pharmacy representative. These are required fields.

CE Authorizing Official Name: L.M. (MIKE) CAUDILL Title: CEO Phone: 606-633-4823 Ext: 1389	Pharmacy Representative * Name: (Field) (First name, Last name - ie., John Smith) * Title: (Field) * Phone: (Field) Ext: (Field) <small>(xxx-xxx-xxxx)</small> * Email: (Field)
<div>Continue Cancel</div>	

- 11) Click **Continue**. The bottom of the **Contract Details** page displays pharmacy information. Review the pharmacy representative information and make any necessary corrections. Click **Add Contract** to record another pharmacy contract.

Instructions:

- To register additional contracts for this covered entity, click Add Contract.
- To edit contract pharmacy representative details on an existing contract, click the appropriate representative's information in the table below.
- To remove contract(s) from the registration, click the appropriate Remove link below.

The number of rows returned: 1 Rows/Page: 10 Set **Add Contract**

Pharmacy Name	Pharmacy Address	City	State	Pharmacy Representative	Remove Registration?
FEDERAL MEDICAL CENTER	ATTN: PHARMACY	LEXINGTON	KY	Joe Balls CEO 987-525-9999 jballs@yahoo.com	Remove

Continue Cancel

12) Click **Continue** to display the **Requestor Signature** page.

Requestor Signature

☐ By checking this box, I represent that the contents of the contract pharmacy registration(s) I am submitting are truthful and accurate. I understand that the authorizing official on record for the covered entity in the 340B database will be required to review and certify each pharmacy arrangement.

Requestor

* Name:

* Title:

* Organization:

* Phone: Ext:
(xxx-xxx-xxxx)

* Email:

Remarks:

Cancel **Authorize and Submit**

Authorize and Submit

- 13) Check the box in the upper-left corner to affirm that the pharmacy registration information is truthful and accurate, and acknowledging that the covered entity's authorizing official will review and certify the contract.
- 14) Click **Authorize and Submit**. You will see a message thanking you for your submission and providing OPA contact information.


Thank you for your submission.

Contract pharmacy registrations received in conjunction with new covered entity registrations do not need separate certification by the entity's authorizing official. For other registrations, an e-mail with further instructions has been sent to the covered entity's authorizing official to accept or cancel the change or termination request. If the Authorizing Official does not respond within 15 calendar days, the request will expire without further notification.

For additional assistance, please contact the 340B Prime Vendor Program at [1-888-347-2787](tel:1-888-347-2787) or by email at ApexusAnswers@340bpvp.com.

You may also contact OPA at:
Office of Pharmacy Affairs
Mail Stop 10C-03
5600 Fishers Lane
Rockville, MD 20857

Done

15) Click . You are returned to the home page.

When validation is completed, automatic email notifications are sent to the covered entity's authorizing official and primary contact, the requestor, and the contract pharmacy representative.

The authorizing official receives a separate email with instructions on how to certify the contract pharmacy request. The email contains a link to a page where the authorizing official can approve or reject the request. This email also provides requestor contact information if the authorizing official wants more information.

The authorizing official has 15 days to approve or reject pharmacy registration request. If the authorizing official does not approve or reject the request within the 15 days, the request automatically "expires" and is no longer valid.

(Back to [Getting Started Guide for Public Users](#))

Other Contract Pharmacy Guides

[Searching for a Contract Pharmacy](#)

[Using Advanced Pharmacy Search Features](#)

[Exporting Contract Pharmacy Data](#)

[Viewing Contract Pharmacies Search Results](#)

[Requesting a Contract Termination](#)

[Contract Pharmacy Daily Report](#)